

Questions? Please call 919-541-7324

National Research Service Award Annual Payback Activities Certification

PLEASE TYPE. See instructions in transmittal letter. Please complete required Sections. Copy for your files. Note Privacy Act information.

Section I — Payback Status (Check applicable block(s))

1. ☐ Have not engaged in payback service during reporting period. (Complete Section IV.)
2. ☐ Have elected to engage in financial payback. (Complete Section IV.)
3. ☐ Request an extension of the two-year period to initiate payback service or a break in service. (Specify need and length of extension under Section II, Item 4; complete Section IV.)
4. ☒ Have been engaged in continuous payback service during reporting period. (Complete Sections II, III, and IV.)

Section II — Payback Service Description

1. Number of months engaged in payback during reporting period: 12 Dates 5/23/2003
2. Position Title: Senior Scientist
3. Payback Service
 - a. ☐ Full-time position with biomedical or behavioral health-related research and/or health-related teaching as primary activity.
 - b. ☒ Other position(s) where biomedical or behavioral health-related research and/or health-related teaching averages more than 20 hours per week of a full work year.
 - c. ☐ Alternate Payback (see instruction). Date authorized by DHHS.

Type of Service: Biomedical related research

Report Period(s): 7011073

====From==== To==== Comment====
04/27/2002 04/26/2003

Total months of payback due: 5.8
T32 ES007155-17

Need more forms? See Special Instr. for APAC

4. Description of Research/Teaching duties, average number of hours per week and source of salary support. If PHS grant(s), please provide the grant(s) reference number(s).

① Generate and develop biological candidate for drug development.
② 40 hours/wk
③ R & D Funding

Section III — Employment Information

NAME AND ADDRESS OF EMPLOYING ORGANIZATION

Abbott Bioresearch Center, Inc
100 Research Drive
Worcester, MA 01605

VERIFICATION OF SUPERVISOR. If self-employed, provide notarized statement that employment information reported is accurate.

NAME OF SUPERVISOR

MICHAEL A. ROGUSKA

TITLE

GROUP LEADER

SIGNATURE

[Signature]

DATE

5-21-03

Section IV — Certification of NRSA Recipient

I certify that all of the above statements are true, complete, and correct to the best of my knowledge. (A willfully false certification is a criminal offense. U.S. Code, Title 18, Section 1001.)

SIGNATURE

[Signature]

DATE

SOCIAL SECURITY NO.

DAYTIME TELEPHONE NO.

Section V — Acceptance by PHS Official (leave blank)

NAME AND TITLE OF PHS OFFICIAL

GTU

Extension date
payback service to
begin or resume

Number of months of
acceptable service
this reporting period

SIGNATURE

DATE

NAME AND ADDRESS (Please correct if address has changed.)

GU, JIJIE
288 GROVER ST. APT 7
NEWTON, MA 02466

JUN 2 - 2003